



PTO/SB/01 (10-01)
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		Attorney Docket Number		PURP01/0010		
DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION	First Named Inventor PANACCIONE		PANACCIONE			
		COMPLETE IF KNOWN				
		Application Number				
X Declaration	Dec	claration	Filing Date	28	February 2002	
Submitted with Initial	OR Sub	mitted after Initial ng (surcharge	Art Unit			
Filing	(37	CFR 1.16 (e))	Evernings Nome			

Filing		required)	Examiner Name	<u> </u>			
As the below na	med inventor, I he	reby declare that:					
My residence, ma	ailing address, and o	citizenship are as stated belo	ow next to my name.				
I believe I am the	original and first inv	ventor of the subject matter	which is claimed and for wh	ich a patent is soug	ght on the invention entitled:		
MODITI AD	MODELLE CHOMES TAKEN IN CHEDODE CANCELLY						
MODULAR	MODULAR CUSHIONED INSOLE SUPPORT SYSTEM						
<u> </u>		(Title of the I	nvention)				
the specification	of which						
X is attache	d hereto				4		
OR	Г						
was filed o	n (MM/DD/YYYY)		as United States A	pplication Number	or PCT International		
	L						
Application Numb	ner	and was amend	ed on (MM/DD/YYYY)		(if applicable).		
					(ii applicable).		
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.							
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.							
hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant							
breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant							
breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.							
	n Application ber(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO		
				- 🗇			
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:							

[Page 1 of 2]

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## DECLARATION — Utility or Design Patent Application

Direct all correspondence to:  Customer Number or Bar Code Label  OR X Correspondence address below					
Name Timothy J. Shea II, Esq.					
Address 200 Lingen Street, Suite	Address 200 Linden Street, Suite H-322				
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Country US	Telephone 781.2	237.2858	Fax781.237.3557		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so walldity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTOR:	A petition I	nas been filed for this un	signed inventor		
Given Name (first and middle [if any])  Family Name or Surname  Panaccione					
Inventor's Signature	<del></del>		Date 2/28/02		
Residence: City Dedham	State MA	US Country	US Citizenship		
Mailing Address 51 Pine Hill Road					
City Dedham		20005			
NAME OF SECOND INVENTOR:	State MA	ZIP 02026	Country US		
NAME OF SECOND INVENTOR:	A petition has	s been filed for this unsig	gned inventor		
Given Name (first and middle [if any])  Family Name or Surname					
Inventor's Signature			Date		
Residence: City	State	Country	Citizenship		
Mailing Address					
City	State	ZIP	Country		
Additional inventors are being named on thesupplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					





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PTO/SB/81 (02-01)

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## POWER OF ATTORNEY OR **AUTHORIZATION OF AGENT**

Application Number			
Filing Date	28 February 2002		
First Named Inventor	Panaccione=		
Title	Modular Cushioned		
Group Art Unit			
Examiner Name			
Attorney Docket Number	PURP01/0010		

I hereby appoint:						
Practitioners at Customer Number  Place Customer Number Res Code						
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Timothy J. Shea II, Esq. 37,504						
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I am the:						
X Applicant/Invento	or.					
☐ Assigned of reco	and of the country of the company					
Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).						
SIGNATURE of Applicant or Assignee of Record						
Name Louis J. Banaccione						
Signature Some						
Date 28 February 2002						
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.						
□ *Total offorms are submitted.						
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